

**CITY OF DECATUR
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
SUB-RECIPIENT APPLICATION**

A. GENERAL PROGRAM INFORMATION

1. NAME OF APPLICANT:

EMPLOYER IDENTIFICATION NUMBER (EIN):

DUNS NUMBER:

SAMS.GOV REGISTERED:

2. NAME OF PROJECT

3. ANTICIPATED COMPLETION DATE

4. EXECUTIVE DIRECTOR/PRESIDENT:

NAME

ADDRESS

TELEPHONE

FAX

5. PROGRAM COORDINATOR/CONTACT PERSON:

NAME

PROGRAM ADDRESS

TELEPHONE

FAX

6. a) Does the agency have a Board in place? (Attach list of names of the organization's officers and its Board of Directors)

b) Does the Board meet weekly, monthly, or other? (Attach up-to-date by-laws, Charter and Articles of Incorporation)

c) Does the agency have 501 (c) 3 status? (Attach copy)

d) Has the organizations board authorized the application with a resolution? _____ If so, provide a copy of the resolution.

7. List any of the agency's Board/staff members who are on the Decatur City Council, or whose spouse is on the City Council, or who are employees of the City of Decatur.

8. Have you received Block Grant funding in the last three years? _____ Was the funding completely spent in the year in which the funding was awarded? _____

9. Identify all sources of funding for the project (Attach letters/documentation of commitment).

10. Amount of CDBG Funding Requested. _____

11. Does the agency have an annual independent audit and formal accounting process? (Attach copy of most recent audit and transmittal letter with recommendations/findings.)

12. Project Abstract (Provide a brief description of the project in the space below. Additional project information should be attached.)

[illegible]

13. Identify how the project does any one or more of the following:

- 1) Provide programs that enhance literacy, life skills, education, and employment
- 2) Promote neighborhood involvement in community needs
- 3) Provide a high level of benefits to low/mod income individuals

14. CERTIFICATION:

To the best of my knowledge and belief, data in this application is true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant will comply with all regulations and guidelines applicable to the City of Decatur's Community Development Block Grant Program.

Signature _____

Name (Please Print)

Title _____

Date _____

B. PROJECT BUDGET SUMMARY FORM

<u>Activity/Item of Expenditure</u>	<u>Commitment of Other Funding Sources for This Project</u>		<u>Requested CDBG Funding Amount</u>	<u>Total Cost</u>	
ADMINISTRATION*					
Executive Director					
Coordinator					
Administrative Fringes					
Advertising					
Travel					
Insurance & Liability					
ADMINISTRATION TOTAL	\$		\$		\$
10% of Grant Max					
PROGRAM IMPLEMENTATION					
Educator*					
Program Coordinator*					
Program Materials (books and workbooks)					
Supplies (not equipment, tools, clothing, or other personal property)					
PROGRAM IMPLEMENTATION TOTAL	\$		\$		\$
SUBTOTAL COST	\$		\$		\$

GRAND TOTAL COST \$ _____

*Provide a job description of each position funded.

NOTICE TO APPLICANTS:

* Activity/Item of expenditure must be detailed: Example: Postage - \$40.00, Advertising \$10.00, etc.

* Salaries/Positions:

1. List all positions that will be funded under the project/activity.
2. Indicate the number of employees to be funded, position to be funded and the corresponding salary rates (either annually or hourly). If there are different rates for the same position, list the rates one under another.
3. List the amount of time in percent the employee will spend on the activity/project.
4. Briefly describe the duties and responsibilities associated with the position. Identify the % of time or hours to be assigned to this program.
5. Administration maximum 10% of total CDBG dollars allocated to project cost.

C. PROJECT DESCRIPTION AND LOCATION MAP

1. Project Description and Specifications:

See Attached

2. Location Map Included:

_____ Yes

_____ No

**Community Development Block Grant
Sub-recipient Program Handbook
For
Adult Education/Training/Employment Program
2016**



Neighborhood Outreach Division

Notice

The City of Decatur is accepting applications for Public Service projects that meets one of the National Objective: benefit to low/moderate income persons. These projects will be funded through the City's Community Development Block Grant Entitlement (CDBG) program provided through the U. S. Department of Housing and Urban Development (HUD). The City seeks qualified public agencies or private nonprofit organizations that demonstrate the capacity to carry out eligible program activities in partnership with the City as a Community Development Block Grant subrecipient.

The program goals are:

- 1) Provide programs that enhance adult literacy, life skills, training and/or address employment challenges;
- 2) Provide a high level of benefits to low/mod income individuals.

Eligible funding categories may include but are not limited: Area Benefit Projects and Limited Clientele Activities. These are defined the Section "Decatur Public Service" in this handbook. The proposed program application, along with ongoing monthly reporting, will assure the City of Decatur and HUD that the diverse communities, groups and individuals for which the CDBG program is intended to serve are in fact being reached by the program. **Proposed projects must be either a new service or a quantifiable increase in the level of an existing service above that which has already been provided.** The requested grant amount for funding may not exceed predetermined amount identified of \$50,000 per application. Only one application is allowed per agency.

As a subrecipient, an agency/organization is an indispensable part of the Community Development Block Grant Entitlement Program. To qualify as a subrecipient, an agency/organization must demonstrate administrative, financial, technical and managerial capability. Access to, or knowledge of specific neighborhoods and beneficiaries served by the proposed program are essential. For more information, see the Application Instructions Section of the handbook.

The purpose of this handbook is to provide information regarding the regulations governing CDBG projects along with sample projects. A CDBG informational meeting will be held Thursday, March 3, 2016, 1:00 P.M., in Classroom A, first floor, at the Decatur Civic Center.

Staff

Director of Neighborhood Services – Richelle D. Irons

Neighborhood Programs Manager – Vickie Buckingham

Neighborhood Program Specialist – Lacie Dodson

**COMMUNITY DEVELOPMENT
BLOCK GRANT FUNDING
"SUBRECIPIENT HANDBOOK"**

TABLE OF CONTENTS

	Page
Notice	1
Table of Contents	2
Tentative Time/Steps	3
Overview of Community Development Block Grant Program	4
Decatur Public Service CDBG Program	4
Application Instructions	5
Definitions for CDBG Application Handbook	8
Community Development Block Grant Application	10
Community Development Block Grant Application Checklist	14
Scoring Criteria for Public Services Applicants	15
Pay Request Form	16
Monthly Progress Report	17
Monitoring Checklist	18

TENTATIVE TIMELINE

Step 1: May be established at any time in the Program Year

Applications/proposal should be submitted to the Neighborhood Outreach Division,
Third Floor, Civic Center, #1 Gary K. Anderson Plaza, Decatur, IL

Deadline: Monday, April 4, 2016, 12:00 noon

Completed application and three copies **MUST** submitted for 2016 fiscal year funding.
Proposals must be submitted to the Director/Neighborhood Services, 3rd Floor,
#1 Gary K. Anderson Plaza, Decatur, IL 62523

INCOMPLETE APPLICATIONS WILL NOT BE SCORED.

LATE APPLICATIONS WILL NOT BE ACCEPTED.

FAXED APPLICATIONS WILL NOT BE ACCEPTED.

Step 2 Agency Notifications of Staff Recommendations

The week of April 11, 2016

Step 3 Staff Recommendations to City Council, Council Chambers,

Third Floor, #1 Gary K. Anderson Plaza, Decatur, IL
Monday, April 18, 2016

Step 4 Signed Agreements (Mayor)

Wednesday, April 20, 2016

Step 5 Staff and Agency Meeting to Review Agreement Requirements

Thursday, April 23, 2016

Step 6 Notice to Proceed

Step 7 Monthly Review of Reports, Site Visits, Pay Requests, IDIS Reports, & Spreadsheets

Step 8 April 2017 Final Review of file

Step 9 April 2016-May 2017 Periodic Site Monitoring

I. OVERVIEW OF COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

Since its inception in 1974, Community Development Block Grant (CDBG) has been the Federal government's primary vehicle for the support of local neighborhood redevelopment efforts. The program permits entitlement cities like Decatur the ability to operate broad-based, locally designed Community Development initiatives which were identified in the Citizen Participation during the 2015-2019 Consolidated Plan. In general, a project is considered eligible only if:

1. The proposed activity is listed as eligible in the CDBG regulations;
2. The proposed activity meets standards for (1) benefit to low and moderate income persons (see low-moderate income guidelines attached),
3. The proposed project is not in conflict with other guidelines applicable to the CDBG program.

GENERAL ELIGIBLE ACTIVITIES BY FUNDING CATEGORY

- A. AREA BENEFIT PROJECTS**
- B. LIMITED CLIENTELE ACTIVITIES**
- C. HOUSING PROJECTS**
- D. ECONOMIC DEVELOPMENT PROJECTS**
- E. PLANNING AND ADMINISTRATION**
- F. ELIMINATION OF SLUM AND BLIGHT**
- G. URGENT NEED**

II. DECATUR PUBLIC SERVICE FUNDING CATEGORY

The City has set aside funds for outside agency projects under Public Services' as identified in the Annual Action Plan/Consolidated Plan. The Neighborhood Outreach Division (NOD) staff will accept proposals for the Adult Education/Training/Employment Program. The requested grant amount for funding **may not exceed predetermined amount identified of \$50,000 per application. Only one application is allowed per agency.**

The proposed project must be a new service or a quantifiable service increase to be an eligible activity.

- A. LIMITED CLIENTELE ACTIVITIES**

To qualify as a limited clientele activity, the activity must meet one of the following tests:

1. Benefit a clientele who are generally presumed to be principally low and moderate income persons; or
2. Require information on family size and income so that it is evident that at least 51 percent of the clientele are persons whose family income does not exceed the low and moderate income limits. (See page 9 for MFI)
3. Activities that exclusively serve a group of persons in any one or a combination of the following categories may be presumed to benefit persons, 51 percent of whom are low and moderate income: abused children, battered spouses, elderly persons, "severely disabled" adults, homeless persons, illiterate adults, persons living with AIDS, and migrant farm workers.

B. NEW SERVICE/QUANTIFIABLE SERVICE INCREASE

The proposed project **must be** either a **new service** or a **quantifiable increase** in the level of an existing service. The grant applicant must provide documentation in the application of the project being either a new service or a quantifiable increase above that which has been provided by or on behalf of the unit of general local government (through funds raised by the unit or received by the unit from the State in which it is located). This requirement will need to be met for the proposed project to be eligible.

If the applicant is considering a project that cannot be determined as clearly eligible, the Neighborhood Outreach Division, at (217) 424-2864 or (217) 424-2777 should be contacted for clarification. If necessary, the Regional Office of the U.S. Department of Housing and Urban Development (HUD) will be consulted to aid in making a determination of eligibility.

III. APPLICATION INSTRUCTIONS

Applications should be submitted to the Neighborhood Outreach Division, #1 Gary K. Anderson Plaza, Decatur, Illinois 62523-1196. The applicant should try to limit the description of the project to the application form itself. Additional information may be attached.

APPLICATION DEADLINE: Monday, April 4, 2016, 12:00 noon

A. GENERAL INFORMATION ABOUT THE PROJECT/PROGRAM

Name of Applicant. The name provided should be the agency that will be the actual recipient of the grant funds. If two or more agencies collaborate on the proposed project, a copy of the signed and dated memorandum of agreements between the agencies should be presented. The applicant agency should provide documentation of authorization to submit the application. It should further identify the position which is authorized to sign the application, agreement, monthly reports, and pay requests.

All applications submitted will be considered originals. A revised application will be required if the application is resubmitted with changes prior to final City Council approval of the Subrecipient Agreement for the project. If the project changes after City Council approval of the agreement, it will be necessary to submit an amended application.

Name of Project. Title to be provided by the agency.

Completion Date. This date should be the submission date of the final costs incurred for the project and should be no later than Wednesday, April 15, 2017. All required reports must be submitted by this date.

Executive Director/President. This information must include the name, title, address, phone number, e-mail, and fax number.

Program Coordinator/Contact Person. This information must include the name, title, program address, phone number, e-mail, and fax number.

Agency Capacity. Attachments describing the organization are required. Include the organization's missions and goals. Failure to submit required documentation may result in the application being disqualified. The agency should provide the Employer Identification Number, DUNS number, and be registered in Sams.gov.

Fund Sources. To receive points for other sources of non-federal funds, letters of commitment must be provided for the identified grant program period, April 2016 – April 2017.

CDBG Funding Requested. List the total amount of CDBG funding requested. Expenditures for capital equipment shall not exceed \$500.00 per project. Planning and administrative costs shall be limited to 10% of the requested CDBG funding and expenditures.

Monthly Performance. In the space provided, describe how financial expenditures will be documented and reported for both CDBG and matching funds.

Audit/Accounting. Audit transmittal letter and annual report must be attached to the application. Statement must provide information on the agency's accounting process.

Project Abstract. In the space provided, describe the project in summary and provide a basic overview of proposed activities. Please limit this abstract to the space provided.

Certification. The agency's executive director or president must be the person authorized to sign the agency's agreement. Documentation must be provided at the time of application.

B. PROJECT BUDGET SUMMARY FORM

This form provides budgetary information about the project. Descriptions of the separate activities included in the project should be as brief as possible, but may include additional pages if the project is made up of several separate activities.

1. Activity. All activities included in the project must be listed in this part of the application whether or not the specific activity will be funded with CDBG funds. Information provided should be brief since a more detailed description of activities will appear in Part C of the application. The following list includes recommended categories of activities. Many projects will be made up of several activities, and each should be listed separately.

- a. Public services (if more than one is included in the project, list each separately. Such as: literacy, testing/evaluation, education, etc.)
- b. Planning (list specific activities)
- c. General CDBG project administrative costs not to exceed 10% of the total (list separately under the appropriate title below)

- General management, oversight, and coordination
- Provision of information and other resources to residents

2. Non-CDBG Funding Amount. Any funds other than CDBG dollars that will be going toward the project must be shown in this column. This information must include all other sources of funding including local share, other grants, donations, private sector funds, etc. Provide documentation of match for the program grant period.
3. CDBG Funding Amount. The requested amount of CDBG funding for each activity appears in this column.
4. Total Cost. The total cost for each activity should be listed in this column.

Finally, the applicant should add each of the three cost columns to provide the totals at the bottom of the Project Summary Form.

C. PROJECT DESCRIPTION AND LOCATION MAP

1. Project Description and Specifications. This description should include: (a) a general description of each activity; (b) a summary of project specifications, jobs created; and estimated number of persons served; and (c) a discussion of any eligibility criteria that will be used to target benefits to a particular group (e.g., income limits for project participants). The description should be comprehensive.
2. Location Map Required. Any project that benefits a specific area must include a map that delineates the boundaries of the area benefitted.

V. SUBRECIPIENT AGREEMENTS AND AMENDMENTS

Upon approval, subrecipient agreements are required for all projects. For each affected project, this agreement must be executed by resolution of the sub-recipient's governing body and the City Council, and the agreement must be in effect prior to the commitment or expenditure of funds for any activity included in the project.

Generally, the subrecipient agreement includes:

1. A detailed description of the scope of activities paid for with CDBG funds;
2. The total CDBG funding allocated to the project;
3. A specific time schedule for project completion;

4. A description of reporting requirements and federal laws applicable to the project;
5. A description of the remedies for non-compliance with terms and conditions of the agreement.

Amendments to Subrecipient Agreements may be considered to extend the time period covered by agreement, alter the amount of CDBG funding allocated to the project, and/or change the scope of activities funded by CDBG funds. The subrecipient must request the amendment in writing and provide adequate documentation of the need for the amendment. Failure to secure approval for a change in a project prior to action, will result in no reimbursement. Minor changes will be reviewed by staff and recommendation provided to the Director of Neighborhood Services. If approved, the sub-grantee will receive official approval in the form of a memo. All substantial amendments must be officially executed by the sub-grantee and City Council.

VI. DEFINITIONS

Allowable Costs

(1) Recognized as reasonable, ordinary, and necessary; arms length transactions; (2) Costs must be allocated to the grant, project, etc. in accordance with benefits received: incurred specifically for the award; benefit both award and other work and can be reasonably distributed in proportion to benefits received; necessary to overall operation.

Area Benefit

Benefits which are available to all the residents in an entire particular area, primarily residential in nature, where at least 51 percent of the residents are low and moderate income persons; for example: paying special assessments levied against residential properties owned and occupied by persons of low and moderate income; or, Empowerment Zone or Enterprise Community containing 51 percent or more residents of low and moderate income.

Direct Costs

Can be identified specifically with a particular grant, award, project, etc.; costs for computation of overhead rates

Limited Clientele

These activities must benefit a clientele that is generally presumed to be principally low and moderate income (abused children, battered spouses, elderly persons, severely disabled adults, homeless persons, illiterate adults, persons living with AIDS and migrant farm workers); or require documentation on family size and income in order to show that at least 51 percent of the clientele are low and moderate income persons; or have income eligibility requirements limiting the activity to low and moderate income persons only; or be of such a nature and in such a location that it can be concluded that clients are primarily low to moderate income persons.

Low and Moderate Income Household

A household having an income equal to or less than the income limit established by HUD.

Low Income Household

A household having an income equal to or less than the low income limit established by HUD.

Low Income Person

A member of a family that has an income equal to or less than the low income limit established by HUD. Unrelated individuals shall be considered as one-person families for this purpose.

Low and Moderate Income Area

A particular area, where at least 51 percent of the residents are low and moderate income persons; low and moderate areas are those such that there is a sufficiently large percentage (51 percent) of low and moderate income persons residing in the service area by using the most recently available decennial census information, together with the Section 8 income limits that would have applied at the time the income information was collected by the Census Bureau. Exception to metro cities and urban counties: if the proportion of low and moderate income persons in the area is within the highest quartile of all areas in the recipient's jurisdiction in terms of the degree of concentration of such persons.

Maximum Grant Amount

This is an amount the City has determined will be the maximum grant amount \$50,000 an agency/organization may request to be funded.

Real Property

Land, including the buildings or improvements on it and its natural assets, as minerals or water.

Sub-recipient

A sub-recipient also known as the sub-grantee is an entity that assists the recipient, the City of Decatur, in implementing and administering its program. Sub-recipients are generally public or non-profit organizations that assist the recipient in undertaking a series of activities, such as public services or facilities.

**DECATUR, ILLINOIS
FY 2015 Median Family Income (MFI)*
Adjusted according to family size**

The following MFI's are based on statistical calculations made by HUD for the City of Decatur. The income presented at 30%, 50%, and 80% was published for 2015.

	Family Size	1	2	3	4	5	6	7	8
Extremely Low	30%	12,600	15,930	20,090	24,250	28,410	32,570	36,730	39,550
Very Low	50%	21,000	24,000	27,000	29,950	32,350	34,750	37,150	39,550
Low	80%	33,550	38,350	43,150	47,900	51,750	55,600	59,400	63,250

*Subject to change
*Agency will be notified of change

**CITY OF DECATUR
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
SUB-RECIPIENT APPLICATION**

A. GENERAL PROGRAM INFORMATION

1. **NAME OF APPLICANT:** _____
EMPLOYER IDENTIFICATION NUMBER (EIN): _____
DUNS NUMBER: _____
SAMS.GOV REGISTERED: _____

2. **NAME OF PROJECT** _____

3. **ANTICIPATED COMPLETION DATE** _____

4. **EXECUTIVE DIRECTOR/PRESIDENT:** _____
NAME _____

ADDRESS _____

TELEPHONE _____
FAX _____

5. **PROGRAM COORDINATOR/CONTACT PERSON:** _____
NAME _____

PROGRAM ADDRESS _____

TELEPHONE _____
FAX _____

6. a) Does the agency have a Board in place? (Attach list of names of the organization's officers and its Board of Directors)
b) Does the Board meet weekly, monthly, or other? (Attach up-to-date by-laws, Charter and Articles of Incorporation)
c) Does the agency have 501 (c) 3 status? (Attach copy)
d) Has the organizations board authorized the application with a resolution? _____ If so, provide a copy of the resolution.

7. List any of the agency's Board/staff members who are on the Decatur City Council, or whose spouse is on the City Council, or who are employees of the City of Decatur.

8. Have you received Block Grant funding in the last three years? _____ Was the funding completely spent in the year in which the funding was awarded? _____

9. Identify all sources of funding for the project (Attach letters/documentation of commitment).

10. Amount of CDBG Funding Requested. _____

11. Does the agency have an annual independent audit and formal accounting process? (Attach copy of most recent audit and transmittal letter with recommendations/findings.)

12. **Project Abstract** (Provide a brief description of the project in the space below. Additional project information should be attached.)

[illegible]

13. Identify how the project does any one or more of the following:

- 1) Provide programs that enhance literacy, life skills, education, and employment
- 2) Promote neighborhood involvement in community needs
- 3) Provide a high level of benefits to low/mod income individuals

14. CERTIFICATION:

To the best of my knowledge and belief, data in this application is true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant will comply with all regulations and guidelines applicable to the City of Decatur's Community Development Block Grant Program.

Signature _____

Name (Please Print) _____

Title

Date _____

B. PROJECT BUDGET SUMMARY FORM

<u>Activity/Item of Expenditure</u>	<u>Commitment of Other Funding Sources for This Project</u>	<u>Requested CDBG Funding Amount</u>	<u>Total Cost</u>
ADMINISTRATION*			
Executive Director			
Coordinator			
Administrative Fringes			
Advertising			
Travel			
Insurance & Liability			
ADMINISTRATION TOTAL	\$	\$	\$
10% of Grant Max			
PROGRAM IMPLEMENTATION			
Educator*			
Program Coordinator*			
Program Materials (books and workbooks)			
Supplies (not equipment, tools, clothing, or other personal property)			
PROGRAM IMPLEMENTATION TOTAL	\$	\$	\$
SUBTOTAL COST	\$	\$	\$

GRAND TOTAL COST \$ _____

*Provide a job description of each position funded.

NOTICE TO APPLICANTS:

* Activity/Item of expenditure must be detailed: Example: Postage - \$40.00, Advertising \$10.00, etc.

* Salaries/Positions:

1. List all positions that will be funded under the project/activity.
2. Indicate the number of employees to be funded, position to be funded and the corresponding salary rates (either annually or hourly). If there are different rates for the same position, list the rates one under another.
3. List the amount of time in percent the employee will spend on the activity/project.
4. Briefly describe the duties and responsibilities associated with the position. Identify the % of time or hours to be assigned to this program.
5. Administration maximum 10% of total CDBG dollars allocated to project cost.

C. PROJECT DESCRIPTION AND LOCATION MAP

1. Project Description and Specifications:

See Attached

2. Location Map Included:

_____ Yes

_____ No

D. CDBG APPLICATION CHECKLIST

ALL REQUIRED INFORMATION MUST BE SUBMITTED FOR THE GRANT APPLICATION REVIEW PROCESS ON OR BEFORE DEADLINE.

	<u>Attached/Provided</u>
NAME OF APPLICANT	_____
EMPLOYER IDENTIFICATION NUMBER	_____
PROJECT NUMBER	_____
ANTICIPATED COMPLETION DATE	_____
CONTACT PERSON'S NAME, TITLE, ADDRESS, TELEPHONE & FAX NUMBER	_____
ATTACHED LIST OF OFFICERS/BOARD	_____
ATTACHED LIST OF ARTICLES, CHARTER, AND CURRENT BY-LAWS	_____
ATTACHED IRS TAX-EXEMPT DESIGNATION	_____
DUNS NUMBER *Registered in SAMS.GOV	_____
MATCHING SUPPORT AGREEMENTS OR LETTERS *Not past or prior year letters	_____
AMOUNT OF CDBG FUNDING REQUESTED	_____
ATTACHED COPY OF MOST RECENT AUDIT TRANSMITTAL LETTER AND/OR SERVICE AGREEMENT	_____
PROJECT ABSTRACT COMPLETED	_____
COMPLETION OF SECTION 11 & 12	_____
COMPLETION OF ITEMIZED COSTS *Please review the requirements for this section. Check the columns for correct totals.	_____
MAP *If an area is targeted and the area to be highlighted	_____

**SCORING CRITERIA FOR PUBLIC SERVICES APPLICANTS
CDBG FUNDING**

Applicant Name _____ Recommended Funding \$ _____
Funding Request \$ _____

STEP ONE: STATUTORY/REGULATORY REQUIREMENTS

1. Direct benefit to low/moderate income persons (10 points) _____
Must meet Low/Moderate Income Benefit Test
2. New service offered OR supporting documentation of a quantifiable service increase (5 points) _____
3. Non-profit agency: 501(c)(3) status or other IRS tax-exempt (5 points) _____
4. Eligible Public Service project (5 points) _____
- Total Points (25) TOTAL _____

STOP IF TOTAL POINTS LESS THAN 25 - THE ACTIVITY IS INELIGIBLE

STEP TWO: RELATIONSHIP TO CITY GOALS

1. Provide programs that enhance literacy, life skills, education and/or address employment. (5 points) _____
2. Promote neighborhood involvement in community needs (5 points) _____
3. Provide a high level of benefits to low/mod income individuals (8 points) _____
4. Improve the livability of neighborhoods (7 points) _____
- Total Maximum Points (25) TOTAL _____

STEP THREE: LOCAL REQUIREMENTS - CAPACITY AND PERFORMANCE

1. Bylaws/Board in place; meets regularly (5 points) _____
2. Administrative/financial capacity (5 points) _____
3. Independent audit (5 points) _____
4. Other sources of funding (10 points) _____
5. Memorandum of Understanding _____
- Total Maximum Points (25) TOTAL _____

STEP Four: LOCAL REQUIREMENTS - SITE ASSESSMENT

1. Site meets all applicable property maintenance codes; there are no code violations (10 points) _____
2. Evidence of established program site (10 points) _____
3. Site cleanliness, public facilities and sanitation are adequate (5 points) _____
4. Handicap accessible facilities - Required _____
- Total Maximum Points (25) TOTAL _____

STEP FIVE: TOTAL ALL POINTS (STEPS ONE THROUGH FOUR)

Total Maximum Points (100) GRAND TOTAL _____

**NEIGHBORHOOD OUTREACH DIVISION
REQUEST FOR PAYMENT**

SECTION I. REQUEST FOR PAYMENT

Sub-recipient Name: _____

Sub-recipient Name Address: _____

Project Name: _____

Project No. /Activity No.: _____ Dollar Amount Request: \$ _____

SECTION II. STATUS OF FUNDS

Grant Amount Awarded \$ _____

Less Previous Expenditures
Requested but Not Yet Received \$ _____

Current Balance Available for Request \$ _____

Less Amount of This Request \$ _____

Total Grant Balance Less
This Request \$ _____

*Attach invoices/general ledger for this request and documentation for Non-CDBG match.

*Attach detailed timesheets/activity sheets for each employee (signed and dated by the employee and supervisor).

Request due to Neighborhood Outreach Division

I certify that this request for payment has been drawn in accordance with the terms and conditions of the Agreement between the City of Decatur and ourselves as the SUB-RECIPIENT. I also certify that the amount of the Request for Payment is not in excess of current needs. I certify the required match documentation for expenditures has been attached.

Signature:
Name:
Title:
Date:

Please mark if the monthly report is attached ____.

NEIGHBORHOOD OUTREACH DIVISION

MONTHLY PROGRESS SUB-RECIPIENT REPORT

Submit the monthly report on the 5th of the month to the Neighborhood Outreach Division.

ATTN: Neighborhood Services Director or Neighborhood Programs Manager

MONTH: _____ YEAR: _____

- In the space provided below, please describe the work performed during this last month. **Attach** the demographic spreadsheet indicating the number of people assisted, along with a complete list of pertinent demographic information.

Is the project on schedule? Yes _____ No _____

- Do you have any other remarks and/or recommendations regarding this project?

- Please provide a two-month projection of cash needs.

Month: _____	CDBG: \$ _____	Match: \$ _____	Total: \$ _____
Month: _____	CDBG: \$ _____	Match: \$ _____	Total: \$ _____

Project Title: _____

Project Manager/Administer: _____

Agency: _____

Address: _____

Phone # _____

Review of Subrecipient Management			
Name of Program Participant:			
Program Year-Project:		IDIS number:	Activity Name:
National Objective:			
Benefit to Low- and Moderate Income Persons		<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No
Elimination of Slum and Blight		<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No
Urgent Need		<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No
Staff Consulted:			
Name(s) of Reviewer(s):		Date	
Signature:			

Questions:

Has the Subrecipient submitted all progress reports to date?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Comments:		

Are the progress reports complete and submitted timely?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Comments:		

Are pay requests prepared and submitted accurately with appropriate documentation?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Comments:		

What is the total amount of CDBG funds that the program participant budgeted for and obligated for the subrecipient?
Amount:

Of the obligated amount above, what amount remains unexpended as of the date of this review (include the time period covered)?
Amount:

Does the budgeted line items adhere to the initial budgeted line item amounts?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Comments: Request a change in the budget due to the change in actual agreement period.		

Is there any indication that activities carried out by subrecipient adversely affect the program timeliness in carrying out the CDBG activity?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Comments:		

If the answer above is "yes," what are the causes for the delay (i.e., significant amounts of funding for individual activities that are slow moving)?
Comments:

Has there been a previous desk review?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Comments:		

Were there any findings/concerns in the previous review(s)?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Comment:		

If the above question was answered yes, did the sub-recipient follow the direction or suggestions from the city?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
If the answer above is “no,” what is the sub-recipient’s explanation?		
Comments:		
Letter and dates	Number of Persons	Meeting Topics
Comments:		

Is additional documentation or action required?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Comments: N/A		

If the answer above is “no,” why?
Comments:

Does the sub-recipient using CDBG funds, generate program income? [24 CFR 570.503(a)]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:	

INTERNAL CONTROLS

Has the agency have established qualifications for its employees, auditors, or other personnel?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Comments:		

Does the sub-recipient have employees who work on both CDBG-eligible and non-CDBG eligible activities?	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
Comments:			
If the answer above is "yes," does the agency have a system to ensure appropriate time records maintained and the appropriate charges to the CDBG program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Comments:			

Does the sub-recipient have rules in place for conflicts of interest, between the between the subrecipient and its contractors?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Comments:		

Does the agency have a system or other method to ensure compliance with the procurement and/or subcontracting requirements of 24 CFR 85.36 or 24 CFR 84.40-48, as applicable?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Comments: For this particular grant agreement, most expenditures were payroll and advertising for open positions in the organization.		

Does the sub-recipients maintain and retain adequate records, for a period of not less than four years, to comply with program requirements as set forth at 24 CFR 570.503 and 24 CFR 85.42 or 84.53(b) as well as any special documentation required by the contract or project activity type?
Comments:

If applicable, does the sub-recipients have procedures to adequately identify CDBG property and assets and maintain the appropriate property records, as required by 24 CFR 85.32(d)(1) or 24 CFR 84.34(f)? [24 CFR 570.502(a)(8) or 24 CFR 570.502(b)]	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No	

Comments:

If applicable, does the program participant ensure that sub-recipients have procedures to ensure adequate safeguards for preventing loss, damage or theft of subrecipient-held property per 24 CFR 85.32(d)(3) or 24 CFR 84.34(f)(4)? [24 CFR 570.502(a)(8) or 24 CFR 570.502(b)]	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No	
If applicable, does the agency have a system for tracking real property that was acquired or improved with CDBG funds in excess of \$25,000 to assure national objective compliance? [24 CFR 570.503(b)(7)]	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No	

Comments: N/A for this activity-expenditures are limited to salaries and related expenses.
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Does the agency have a Single Audit report, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No	
Comments:		

SUBRECIPIENT MONITORING

Provide the following information regarding monitoring efforts conducted by the program participant during the preceding twelve-month period from the date of this review. ¹

Subrecipient Monitored	Date	On-Site or Remote	Number and Type(s) of Finding	Date of Monitoring Letter	Date(s) Findings Resolved

Are monitoring results communicated in writing (letter and/or e-mail) to sub-recipients?

☐☐

Yes

No

Comments:

Are reports written clearly and do they document the activity and progress of the agency?

☐☐

Yes

No

Comments:

If a sub-recipient retains program income, what process is in place to ensure that program income is being used before new grant funds are requested? [24 CFR 570.504(c)]

☐☐☐

Yes

No

N/A

Comments:

Title of Person Who Approves Expenditures	Name of the Person Who Approves Expenditures
Title of Person Who Signs Checks	Name of the Person Who Sign Checks
Name of CDBG funded staff	Name of CDBG funded staff

*Copy of Revenue and Expense Ledger for the contract/agreement period.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
*Financial Reports and General Ledger printout for the agreement period.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Additional Notes:

Attachments:
